

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City
NEWBURGHState
INZip Code
47629Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Larry BucshonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : D157246

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City
COLONIAState
NJZip Code
07067Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Leonard LanceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : D155658

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City
SANTA BARBARAState
CAZip Code
93121Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Lois CappsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : D157244

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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